

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child.

Youth Fellowship will involve various activities both within the Church and outings/ residential. Before any Outings/ residential we will distribute consent forms and information that needs to be signed and return in advance of the event.

During a Youth Fellowship night there may be some activities that involve physical activity etc. There is also a selection of snacks available on a normal night. Please ensure you advise us of all allergies below.

Childs full name:	DoB:	Age:
Address:		
Phone number where I can be contacted in an emergency:		
Home:	Mobile	
If unavailable contact – Name:	Ph number:	
Relationship to child:		
Name and phone number of GP :		
Please indicate medical conditions, special needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:		

In the event of illness or accident, having parental responsibility for the above child, I **give permission for first aid to be administered** where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, leaders **will endeavour to contact** you as soon as possible using the contact telephone numbers given above.

I **will inform the leaders of any important changes** to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

During the time your child will spend with us, **photographs/videos** may be taken for general church purposes and use on the churches website, and for this we need your permission. On signing this form we will assume that you have given permission for your child's photograph to be taken unless otherwise informed.

I confirm that the above details are correct to the best of my knowledge. I give permission for my child to attend the organisation above at their usual meeting place and participate in all their activities.

Signature: **(Parent/Guardian)** **Date:**